#### **Application Data Sheet**

### **Application Information**

Application Type::

Regular

Subject Matter::

Utility

Suggested classification::

**Suggested Group Art Unit::** 

CD-ROM or CD-R::

None

Computer Readable Form (CRF)::

No

Title::

IMAGING CHAIN FOR DIGITAL

TOMOSYNTHESIS ON A FLAT PANEL

DETECTOR

**Attorney Docket Number::** 

070191-0355 (131222XZ)

Request for Early Publication::

No

Request for Non-Publication::

No

**Suggested Drawing Figure::** 

2

**Total Drawing Sheets::** 

7

**Small Entity::** 

No

Petition included::

No

**Secrecy Order in Parent Appl.::** 

No

### **Applicant Information**

**Applicant Authority Type::** 

Inventor

**Primary Citizenship Country::** 

Lebanon

Status::

Full Capacity

Given Name::

Kadri N.

Family Name::

Jabri

City of Residence::

Waukesha

State or Province of

WI

Residence::

**Country of Residence::** 

US

Street of mailing address::

2833 N. University Dr. #201

City of mailing address::

Waukesha

State or Province of mailing

WI

address::

Postal or Zip Code of mailing

53188

address::

**Applicant Authority Type::** 

Inventor

**Primary Citizenship Country::** 

India

Status::

Full Capacity

Given Name::

Gopal B.

Family Name::

Avinash

City of Residence::

New Berlin

State or Province of

WI

Residence::

**Country of Residence::** 

US

Street of mailing address::

4915 S. Radisson Court

City of mailing address::

New Berlin

State or Province of mailing

WI

address::

Postal or Zip Code of mailing

53151

address::

**Applicant Authority Type::** 

Inventor

**Primary Citizenship Country::** 

US

Status:: Full Capacity

Given Name:: Stephen W.

Family Name:: Metz

City of Residence:: Greenfield

State or Province of WI

Residence::

Country of Residence:: US

Street of mailing address:: 11777 West Armour Court

City of mailing address:: Greenfield

State or Province of mailing WI

address::

Postal or Zip Code of mailing 53228

address::

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Canada

Status:: Full Capacity

Given Name:: John M.

Family Name:: Sabol

City of Residence:: Sussex

State or Province of WI

Residence::

Country of Residence:: US

Street of mailing address:: N58 W24838 Cardinal Ct.

City of mailing address:: Sussex

State or Province of mailing WI

address::

Postal or Zip Cod<sup>-</sup> of mailing 53089-5024

address::

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Jeffrey W.

Family Name:: Eberhard

City of Residence:: Albany

State or Province of NY

Residence::

Country of Residence:: US

**Street of mailing address::** 7 Balsam Way

City of mailing address:: Albany

State or Province of mailing NY

address::

Postal or Zip Code of mailing 12205

address::

**Applicant Authority Type::** Inventor

**Primary Citizenship Country::** Germany

Status:: Full Capacity

Given Name:: Bernard E.H.

Family Name:: Claus

City of Residence:: Niskayuna

State or Province of NY

Residence::

Country of Residence:: US

**Street of mailing address::** 1877 Hexam Road West

City of mailing address:: Niskayuna

State or Province of mailing NY

address::

Postal or Zip Code of mailing address::	12309		
Applicant Authority Type::	Inventor		
Primary Citizenship Country::	US		
Status::	Full Capacity		
Given Name::	John P.		
Family Name::	Kaufhold		
City of Residence::	Schenectady		
State or Province of	NY		
Residence::			
Country of Residence::	US		
Street of mailing address::	1455 Dorwaldt Boulevard		
	Bldg. 1, Apt. 5		
City of mailing address::	Schenectady		
State or Province of mailing	NY		
address::			
Postal or Zip Code of mailing	12308		
address::			
Correspondence Information			
Correspondence Customer Nun	mber:: 33679		
E-Mail address::	manderson@foleylaw.com		
Representative Information			
Representative Customer	33679		
Number::			

# **Domestic Priority Information**

Application::	Continuity Type::	Parent	Parent Filing
		Application::	Date::

## **Foreign Priority Information**

Country::	Application	Filing Date::	Priority Claimed::
	number::		

## **Assignee Information**

Assignee name::

GE Medical Systems Global Technology

Company, LLC